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Approved for use through 07/31/2008, OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/549,298 RECEIVED FEE TRANSMITTAL Filing Date September 15, 2005 First Named Inventor Peter Bailer For FY 2006 Examiner Name Willmon Fridie, Jr. Art Unit 3722 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 16164-124 METHOD OF PAYMENT (check all that apply) Check Money Order None Other (please identify): Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments. under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **FILING FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type
Utility Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) 300 150 250 200 100 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 300 600 **Provisional** 200 100 **EXCESS CLAIM FEES** Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 100 200 Multiple dependent claims 360 180 Multiple Dependent Claims Total Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) -20 or HP highest number of total claims paid for, if greater than 20 Extra Claims Fee Paid (\$) Independent Claims Fee (\$) -3 or HP =2 x200 HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) -100 /50 (round up to a whole number) OTHER FEE(S) Fee Paid (\$) SUBMITTED BY 26,207 Registration No. Signature Telephone (317) 634-3456 (Attorney/Agent) Name (Print/Type) John V. Moriarty Date CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent end Trademark Office on: Name (Print/Type) John V. Moriarty Signature Date #431127